

SERFF Tracking Number:	XLAM-125814402	State:	Arkansas
Filing Company:	XL Specialty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08SD-XL-DO01-MU-AR		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0006 Directors & Officers Liability
Product Name:	Classic A Side Management Liability		
Project Name/Number:	New Form Filing/08SD-XL-DO01-MU-AR		

Filing at a Glance

Company: XL Specialty Insurance Company		
Product Name: Classic A Side Management Liability	SERFF Tr Num: XLAM-125814402	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0006 Directors & Officers Liability	Co Tr Num: 08SD-XL-DO01-MU-AR	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Trish Pollard	Disposition Date: 09/25/2008
	Date Submitted: 09/12/2008	Disposition Status: Approved
Effective Date Requested (New): 10/15/2008		Effective Date (New):
Effective Date Requested (Renewal): 10/15/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: New Form Filing	Status of Filing in Domicile: Pending
Project Number: 08SD-XL-DO01-MU-AR	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/25/2008	
State Status Changed: 09/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing additional endorsements for use with our Classic A Side Directors and Officers Liability program	

Company and Contact

Filing Contact Information

SERFF Tracking Number: XLAM-125814402 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-XL-DO01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Classic A Side Management Liability
Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Patricia Pollard, Compliance Analyst patricia.pollard@xlai.com
1201 N. Market Street (302) 661-7010 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

SERFF Tracking Number: XLAM-125814402 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-XL-DO01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Classic A Side Management Liability
Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$50.00	09/12/2008	22466923

SERFF Tracking Number: XLAM-125814402 State: Arkansas
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Product Name: Classic A Side Management Liability
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/25/2008	09/25/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	09/24/2008	09/24/2008	Trish Pollard	09/25/2008	09/25/2008
Industry Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Insurance Company Errors & Omissions Endorsement	Form	Trish Pollard	09/18/2008	09/22/2008
Rating Endorsement	Form	Trish Pollard	09/18/2008	09/22/2008
Forms List	Supporting Document	Trish Pollard	09/18/2008	09/22/2008
Forms List	Supporting Document	Trish Pollard	09/12/2008	09/12/2008

<i>SERFF Tracking Number:</i>	<i>XLAM-125814402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08SD-XL-DO01-MU-AR</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Classic A Side Management Liability</i>		
<i>Project Name/Number:</i>	<i>New Form Filing/08SD-XL-DO01-MU-AR</i>		

Disposition

Disposition Date: 09/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125814402 State: Arkansas

Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08SD-XL-DO01-MU-AR

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability

Product Name: Classic A Side Management Liability

Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Forms List	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Form	Amend Section IV Endorsement	Approved	Yes
Form	Amend Notice of Claim Endorsement	Approved	Yes
Form	Amend Exclusion Endorsement	Approved	Yes
Form	Amend Exclusion (A)(1) Endorsement	Approved	Yes
Form	Amend Exclusion (A)(2)	Approved	Yes
Form	Pending and/or Prior Litigation Exclusion	Approved	Yes
Form	Insurance Company Errors & Omissions Endorsement	Approved	Yes
Form (revised)	Rating Endorsement	Withdrawn	Yes
Form	Rating Endorsement	Withdrawn	Yes

SERFF Tracking Number: XLAM-125814402 State: Arkansas
 Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08SD-XL-DO01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
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Objection Letter

Objection Letter Status Pending Industry Response
 Objection Letter Date 09/24/2008
 Submitted Date 09/24/2008
 Respond By Date
 Dear Patricia Pollard,

This will acknowledge receipt of the captioned filing.

Form XL 80 60 09 08 must be withdrawn, as cancellation for change in company rating is not permitted under AR Cancellation laws. Please refer to AR Code Anno. 23-66-206 (9) (a & b).

Please feel free to contact me if you have questions.

Sincerely,
 Edith Roberts

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/25/2008
 Submitted Date 09/25/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Please be advised, we wish to withdraw form XL 80 60 09 08, Rating Endorsement, from review.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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SERFF Tracking Number: XLAM-125814402 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-XL-DO01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Classic A Side Management Liability
Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Data

Rating Endorsement XL 80 60 09 08 Endorsement/AmendmentWithdrawn
/Conditions

Previous Version

Rating Endorsement XL 80 60 09 08 Endorsement/AmendmentNew XL 80 60
/Conditions 09 08.pdf

SERFF Tracking Number: *XLAM-125814402* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08SD-XL-DO01-MU-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0006 Directors & Officers Liability*
Product Name: *Classic A Side Management Liability*
Project Name/Number: *New Form Filing/08SD-XL-DO01-MU-AR*

No Rate/Rule Schedule items changed.

Sincerely,
Trish Pollard

SERFF Tracking Number: XLAM-125814402 State: Arkansas
 Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08SD-XL-DO01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
 Product Name: Classic A Side Management Liability
 Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Amendment Letter

Amendment Date:
 Submitted Date: 09/22/2008

Comments:

Attaching additional forms and new forms list which were inadvertantly omitted.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Insurance Company Errors & Omissions Endorsement	XL 83 84	07 08	Endorsement/Amendment/Conditions	New				XL8384 0708.pdf
Rating Endorsement	XL 80 60	09 08	Endorsement/Amendment/Conditions	New				XL 80 60 09 08.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Forms List

Comment:
 CL RSG July Forms List 09 22 08.pdf

SERFF Tracking Number: XLAM-125814402 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-XL-DO01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Classic A Side Management Liability
Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Amendment Letter

Amendment Date:

Submitted Date: 09/12/2008

Comments:

Forms List attached

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Forms List

Comment:

Classic A Side 07.08.pdf

SERFF Tracking Number: XLAM-125814402 State: Arkansas

Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08SD-XL-DO01-MU-AR

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability

Product Name: Classic A Side Management Liability

Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Section IV Endorsement	CL 80 238	07 08	Endorsement/Amendment/Conditions		0.00	CL80238 0708.pdf
Approved	Amend Notice of Claim Endorsement	CL 80 239	07 08	Endorsement/Amendment/Conditions		0.00	CL80239 0708.pdf
Approved	Amend Exclusion Endorsement	CL 83 101	07 08	Endorsement/Amendment/Conditions		0.00	CL83101 0708.pdf
Approved	Amend Exclusion (A)(1) Endorsement	CL 83 102	07 08	Endorsement/Amendment/Conditions		0.00	CL83102 0708.pdf
Approved	Amend Exclusion (A)(2)	CL 83 103	07 08	Endorsement/Amendment/Conditions		0.00	CL83103 0708.pdf
Approved	Pending and/or Prior Litigation Exclusion	CL 83 104	07 08	Endorsement/Amendment/Conditions		0.00	CL83104 0708.pdf
Approved	Insurance Company Errors & Omissions Endorsement	XL 83 84	07 08	Endorsement/Amendment/Conditions			XL8384 0708.pdf
Withdrawn	Rating Endorsement	XL 80 60	09 08	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:		

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

AMEND SECTION IV (C)(3) ENDORSEMENT

In consideration of the premium charged, Section IV Condition (C)(3) of the Policy is amended to read in its entirety as follows:

- “(3) If prior to or during the Policy Period any entity ceases to be a Subsidiary, the coverage provided under this Policy shall continue to apply to the Insured Persons who because of their service with such Subsidiary were covered under this Policy but only with respect to a Claim for a Wrongful Act that occurred or allegedly occurred prior to the time such Subsidiary ceased to be a Subsidiary of the Company.”

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

AMEND NOTICE OF CLAIM ENDORSEMENT

In consideration of the premium charged, Section IV Conditions (D)(1) of the Policy is amended to read in its entirety as follows:

- “(1) As a condition precedent to any right to payment under this Policy with respect to any Claim, the Insured Persons or the Parent Company shall give written notice to the Insurer of any Claim as soon as practicable after it is first made and the <list positions – GC, CFO, CEO, COO, chairman, RM> of the Parent Company first becomes aware of such Claim.”

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

AMEND EXCLUSIONS ENDORSEMENT

In consideration of the premium charged, the final sentence in Section III Exclusions of the Policy is amended to read in its entirety as follows:

"No fact pertaining to nor any Wrongful Act of any Insured Person will be imputed to any other Insured Person to determine the application of any of the above Exclusions."

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

AMEND EXCLUSION ENDORSEMENT

In consideration of the premium charged:

- (1) Section III Exclusion (A)(1) of the Policy is deleted in its entirety.
- (2) Except for Defense Expenses, no coverage shall be available under this Policy for any Claim by, on behalf of, at the behest of, or in the right of the Company, if brought within the United States, Canada or their territories or possessions by or with the solicitation, approval, assistance or participation of two or more persons each of whom at the time such Claim is brought is the president, chief executive officer, member of the Board of Managers, chief financial officer, executive vice president or in-house general counsel of the Company; provided however, this exclusion shall not apply:
 - (a) if, between the inception date of the Policy and the date such Claim is first made or deemed first made, the Company shall have undergone a Change in Control and such Claim is first made or deemed first made after the date of such event; or
 - (b) to the extent such claim is brought by the Bankruptcy Trustee or Examiner of the Company or Outside Entity, or any assignee of such Trustee or Examiner, or any Receiver, Conservator, Rehabilitator, or Liquidator or comparable authority of the Company or Outside Entity.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

AMEND EXCLUSION (A)(2) ENDORSEMENT

In consideration of the premium charged, Section III Exclusion (A)(2) of the Policy is amended to read in its entirety as follows:

- “(2) brought about or contributed to in fact by any:
- (i) intentionally dishonest, fraudulent or criminal act or omission; or
 - (ii) profit or remuneration gained by any Insured Person to which such Insured Person is not legally entitled;
- as determined by a final and non-appealable judgment or adjudication in the underlying action.”

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

PENDING AND/OR PRIOR LITIGATION EXCLUSION

In consideration of the premium charged, no coverage will be available under this Policy for Claims based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any fact, circumstance, situation, transaction, event or Wrongful Act, underlying or alleged in any prior and/or pending litigation or administrative or regulatory proceeding against an Insured Person or the Company which was brought prior to **<Date>**.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

INSURANCE COMPANY ERRORS AND OMISSIONS ENDORSEMENT

In consideration of the premium charged:

- (1) Whenever used in this endorsement, the term "Insurance Contract" means any policy or agreement of insurance, reinsurance or indemnity, including but not limited to bonds, annuities, endowments, pension contracts and risk management self-insurance programs, pools or similar programs.
- (2) No coverage will be available under this Policy for Loss, including Defense Expenses, resulting from any Claim for:
 - (a) any actual or alleged refusal to offer, issue or renew, or the cancellation of, any Insurance Contract;
 - (b) any actual or alleged failure or refusal to pay or in the delay in the payment of, benefits due or alleged to have been due under any Insurance Contract;
 - (c) any actual or alleged lack of good faith or unfair dealing in the handling of any claim or obligation under any Insurance Contract, or in the brokering or underwriting of insurance policies or risks; or
 - (d) any actual or alleged conduct of the Company or of any Insured Person as an insurance agent or broker in the negotiation, placement or maintenance of any Insurance Contract.
- (3) Paragraph (2) above is not intended, nor shall it be construed, to apply to Loss, including Defense Costs, in connection with any Claim against an Insured to the extent that such Claim is:
 - (a) for a Wrongful Act by such Insured in connection with the management or supervision of any division, Subsidiary or group of the Parent Company offering any of the aforementioned services; or
 - (b)
 - (i) a Securities Claim brought by a securities holder of the Company, or
 - (ii) a derivative action brought by or on behalf of, or in the name or right of, the Company,and brought and maintained independently of, and without the solicitation, participation or intervention of, an Insured.
- (4) This Endorsement will not apply solely with respect to a Claim to which Insuring Agreement (A) applies.

All other terms, conditions and limitations of this Policy shall remain unchanged.

<i>SERFF Tracking Number:</i>	<i>XLAM-125814402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08SD-XL-DO01-MU-AR</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Classic A Side Management Liability</i>		
<i>Project Name/Number:</i>	<i>New Form Filing/08SD-XL-DO01-MU-AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125814402 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-XL-DO01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Classic A Side Management Liability
Project Name/Number: New Form Filing/08SD-XL-DO01-MU-AR

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/25/2008

Comments:

Attachments:

NAIC Transmittal.pdf
Form Filing Schedule.pdf

Satisfied -Name: Forms List **Review Status:** Approved 09/25/2008

Comments:

Attachment:

CL RSG July Forms List 09 22 08.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
XL Specialty Insurance Company	DE	37885	85-0277191	

5. Company Tracking Number	08SD-XL-DO01-MU-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia Pollard 1201 N. Market St, Suite 501 Wilmington, DE 19801	State Filings Supervisor	302-661-7059	302-778-4190	Patricia.Pollard@xlgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Patricia Pollard

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Directors and Officers
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Classic A Side Management Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10-15-2008 Renewal: 10-15-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

20. This filing transmittal is part of Company Tracking #	08SD-XL-DO01-MU-AR
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XL Specialty Insurance Company submits for your review and approval new endorsements for use with our Classic A Side Management Liability Program. These endorsements were developed in order to enhance the Classic A Side product. A forms description is attached for your reference.

The endorsements will be used with our program that submitted under file number DOL-00-001-AR and approved effective June 1, 2000.

We propose an effective date of October 15, 2008.

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PC TD-1 pg 2 of 2
F 777 (Ed. 3-07) Wolters Kluwer Financial Services | Uniform Forms™

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08SD-XL-DO01-MU-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state	
01	Amend Section IV Endorsement	CL 80 238 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
02	Amend Notice of Claim Endorsement	CL 80 239 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
03	Amend Exclusion Endorsement	CL 83 101 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
04	Amend Exclusion (A)(1) Endorsement	CL 83 102 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
05	Amend Exclusion (A)(2)	CL 83 103 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
06	Pending and/or Prior Litigation Exclusion	CL 83 104 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			

FORM NUMBER	EDITION	Multi-state or state specific	Form Type	TITLE	USAGE	DESCRIPTION	RATE IMPACT	REPLACES FORM
CL 80 238	07/08	Multi	Classic A Side CL7100 03/00	Amend Section IV Endorsement	Optional	Broadens prior notice requirements to include coverage to the Insured Persons after an entity ceases to be a Subsidiary for Wrongful Acts that occurred while the subsidiary was covered under the policy.	N/A	N/A
CL 80 239	07/08	Multi	Classic A Side CL7100 03/00	Amend Notice of Claim Endorsement	Optional	Amends Notice Condition to include Parent Company	N/A	N/A
CL 83 101	07/08	Multi	Classic A Side	Amend Exclusion Endorsement	Optional	Amends Severability wording in the Exclusion section of the coverage form	N/A	N/A
CL 83 102	07/08	Multi	Classic A Side CL7100 03/00	Amend Exclusion (A)(1)Endorsement	Optional	Amends excl A 1 to include trustee carve back	N/A	N/A
CL 83 107	07/08	Multi	Classic A Side CL7100 03/00	Amend Exclusion (A) (2)	Optional	Amends exclusion to remove willful violation wording	N/A	
CL 83 104	07/08	Multi	Classic A Side CL7100 03/00	Pending and/or Prior Litigation Exclusion	Optional	Excludes coverage for claims arising from prior or pending litigation	N/A	N/A

FORM NUMBER	EDITION	Multi-state or state specific	Form Type	TITLE	USAGE	DESCRIPTION	RATE IMPACT	REPLACES FORM
XL 8384	07/08	Multi	All	Insurance Company Errors and Omissions Endorsement	Optional	Clarifies Ins Co E & O coverage intent and carves back SEC A side coverage	N/A	N/A
XL 8060	09/08	Multi	All	Rating Endorsement	Optional	Allows insured to cancel policy on a pro-rata basis if Co. rating is changed as described in the endorsement.	N/A	N/A

<i>SERFF Tracking Number:</i>	<i>XLAM-125814402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>XL Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08SD-XL-DO01-MU-AR</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Classic A Side Management Liability</i>		
<i>Project Name/Number:</i>	<i>New Form Filing/08SD-XL-DO01-MU-AR</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Rating Endorsement	09/18/2008	XL 80 60 09 08.pdf
No original date	Supporting Document	Forms List	09/12/2008	Classic A Side 07.08.pdf

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

RATING ENDORSEMENT

In consideration of the premium charged, it is hereby agreed that notwithstanding anything in this policy that is contrary, this policy may be canceled by the Parent Company, if the Insurer's security rating is downgraded below an A.M. Best's rating of <FILL IN> and/or a Standard & Poor's rating of <FILLIN>.

Cancellation shall be effected by giving the Insurer written notice of the effective date of cancellation.

Any unearned premium by the Insurer will be computed pro rata and such return or tender of unearned premium will not be a condition precedent to the effectiveness of cancellation, but such payment shall be made as soon as practicable.

All other terms, conditions and limitations of this Policy shall remain unchanged.

FORM NUMBER	EDITION	Multi-state or state specific	Form Type	TITLE	DESCRIPTION	USAGE	DESCRIPTION	RATE IMPACT FACTOR	REPLACES FORM
CL 80 238	07/08	Multi	Classic A Side CL7100 03/00	Amend Section IV Endorsement		Optional	Broadens prior notice requirements to include coverage to the Insured Persons after an entity ceases to be a Subsidiary for Wrongful Acts that occurred while the subsidiary was covered under the policy.	N/A	N/A
CL 80 239	07/08	Multi	Classic A Side CL7100 03/00	Amend Notice of Claim Endorsement		Optional	Amends Notice Condition to include Parent Company	N/A	N/A
CL 83 101	07/08	Multi	Classic A Side	Amend Exclusion Endorsement		Optional	Amends Severability wording in the Exclusion section of the coverage form	N/A	N/A
CL 83 102	07/08	Multi	Classic A Side CL7100 03/00	Amend Exclusion (A)(1)Endorsement		Optional	Amends excl A 1 to include trustee carve back	N/A	N/A
CL 83 103	07/08	Multi	Classic A Side CL7100 03/00	Amend Exclusion (A) (2)		Optional	Amends exclusion to remove willful violation wording	N/A	
CL 83 104	07/08	Multi	Classic A Side CL7100 03/00	Pending and/or Prior Litigation Exclusion		Optional	Excludes coverage for claims arising from prior or pending litigation	N/A	N/A